

<div>U.S DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-6050 (Rev. 11-07)</div>	<div>COMMAND MEDICAL REFERRAL FORM</div>		
<div>This date, I have determined _____ is _____ pounds overweight and _____ percent excess body fat. Measurements are:</div>			
Neck	(inches)	Height	(inches)
Waist	(inches)	Wrist size	(inches)
Buttock (Female Only)	(inches)	Weight	(pounds)
Percent Body Fat	%		
<div>In accordance with Coast Guard Weight and Body Fat Standards Program Manual, M1020.8 (series), Part 3.1, I hereby refer this member to you to determine whether it is safe for him or her to lose the excess weight or body fat to comply with established standards.</div> <div><div>_____</div><div>(Commanding Officer's Signature)</div><div>_____</div><div>Date</div></div>			
<div>Medical Officer's statement and determination whether it is safe for the member to lose the excess weight to comply with established weight standards and participate in fitness activities.</div> <div>1. Is there an underlying medical condition for the member's excess weight? If yes, explain. <div>Yes                  No</div><div>_____</div><div>_____</div></div>			
<div>2. Is it safe for the member to lose the excess weight to comply with established standards? If not, explain. <div>Yes                  No</div><div>_____</div><div>_____</div></div>			
<div>3. Member referred to dietician for nutrition counseling?    Yes                  No If no, please enter remarks (<i>Members on weight probation may be granted up to four visits with a registered dietician in accordance with COMDTINST M1020.8 (series) 3.1.5.</i>) <div>_____</div><div>_____</div></div>			
<div>4. Is there an underlying medical condition that would make fitness activities detrimental to his/her health? If yes, explain. <div>Yes                  No</div><div>_____</div><div>_____</div></div>			

5. Please indicate which components or alternatives to the monthly fitness test it is safe for the member to participate in.

a. 1.5 mile run            Yes            No

If NO, can member participate in these alternative tests:

1 mile walk            Yes            No

12-minute swim    Yes            No

b. push-ups            Yes            No

If NO, can member participate in the following alternative test:

Sub-maximal bench press    Yes            No

c. sit-ups            Yes            No

If NO, can member participate in the following alternative test:

Modified curl up    Yes            No

If No, to any of the above, please describe physical limitations.

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\_\_\_\_\_  
(Signature of Medical Officer)

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Date

### PRIVACY ACT STATEMENT

*5 U.S.C. 553(a) Privacy Act*

a. **AUTHORITY:** 5 U.S.C. 301 Departmental Regulations; COMDTINST M1020.8E

b. **PURPOSE:** Information is obtained to provide notification of individuals who are subject to medical screening due to failure to meet maximum allowable weight standards.

c. **ROUTINE USES:** To the appropriate military or designated medical facility for the purpose of screening individuals to determine if it is safe for the member to lose the excess weight to comply with established standards.

d. **DISCLOSURE:** Mandatory. Failure to provide information may hinder the administrative processes of the Weight/Physical Fitness Standards Program.